Health Canada Santé Canada

Evaluation Group

Strategic Planning and Review Directorate

Policy and Consultation Branch

Groupe de l'évaluation

Direction de la planification stratégique et de l'examen

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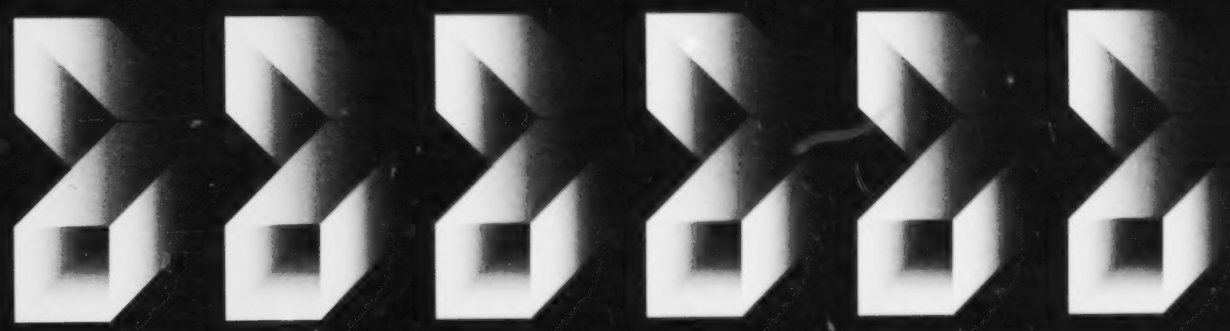

Canadian Strategy on HIV/AIDS Accountability Framework

1998

Canada

MISSION STATEMENT

The Evaluation Group helps Health Canada serve Canadians better by providing objective information and advice about the effectiveness of departmental activities and services.

ÉNONCÉ DE MISSION

Le Groupe de l'évaluation aide Santé Canada à mieux servir les Canadiens et les Canadiennes en offrant une information et des conseils objectifs sur l'efficacité des activités et des services du Ministère.

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Health Canada Santé Canada

ACCOUNTABILITY FRAMEWORK
CANADIAN STRATEGY ON HIV/AIDS

1998

PURPOSE OF ACCOUNTABILITY FRAMEWORK

This document describes monitoring and reporting requirements for activities under the *Canadian Strategy on HIV/AIDS*. Funds for this initiative were approved by the Government in 1997. This document also provides guidance in identifying additional activities related to HIV/AIDS that are funded from departmental resources (both within HC and outside) and on reporting about ways in which they support the *Canadian Strategy on HIV/AIDS*. The document is in eight sections:

Mission
Results of the *National AIDS Strategy Phase II Evaluation*
What is the *Canadian Strategy on HIV/AIDS*?
Key Results
Performance Measurement Strategy
Responsibility for Performance Reporting
Resources
Approvals of this Accountability Framework

1.0 MISSION

1.1 The overall mission of the *Canadian Strategy on HIV/AIDS* is congruent with the mandate of the Department and its mission which is to help the people of Canada maintain and improve their health.

1.2 Its activities within Health Canada for HIV/AIDS fall within all departmental strategic priorities (i.e., business lines): promotion of population health, management of risks of health, Aboriginal health, health system support and renewal, and health policy, planning and information.

1.3 The mission of the *Canadian Strategy on HIV/AIDS* is to substantially reduce HIV transmission in the Canadian population, particularly as it relates to men who have sex with men, injection drug users, Aboriginal peoples and women. Its values include:

- promoting the dignity and human rights of people living with HIV/AIDS;
- ensuring the voice of Canadians including people living with HIV/AIDS and affected communities in the Strategy;
- recognizing that individual and community capacity to respond to HIV/AIDS is influenced by a broad range of health determinants;
- recognizing the importance of a broad public health response to HIV/AIDS in Canada; and
- recognizing that HIV/AIDS is a global epidemic.

2.0 RESULTS OF THE *NATIONAL AIDS STRATEGY PHASE II EVALUATION*

The results of NAS Phase II evaluation concluded that:

- the NAS Phase II has not succeeded in stopping the spread of HIV, although gains have been made in terms of education and prevention;
- while the Strategy was successful in reaching older men who have sex with men, it has been less effective in responding to new epidemics;
- through the creation and mobilization of an infrastructure of NGOs and professional skills development, NAS Phase II has been successful in ensuring the provision of care, treatment and support to people living with HIV/AIDS;
- with respect to searching for effective vaccines, drugs and therapies, mortality and morbidity rates have decreased considerably during Phase II, in part because of new treatment regimens developed through Phase II research; and
- the Strategy continues to be relevant, there is strong support for a continued federal role, and the NAS Phase II has been cost-effective.

3.0 WHAT IS THE *CANADIAN STRATEGY ON HIV/AIDS*?

Health Canada, as lead department, coordinates the *Canadian Strategy on HIV/AIDS* (CSHA). The strategy consists of activities, projects or programs carried out with resources allocated pursuant to the Record of Cabinet Decision (RD # 5-0162-97CR(01)) dated November 25, 1997. It continues to build on earlier achievements of the federal government in Phase I and Phase II of the National AIDS Strategy (NAS), in collaboration with provinces, territories, local governments, First Nations, NGOs, community-based organizations, professional associations and the private sector.

3.1 The *Canadian Strategy on HIV/AIDS* builds on what we learned from the National AIDS Strategy (NAS) Phase I (1990-93) and Phase II (1993-98). Based on the current reality of the HIV/AIDS epidemics, the NAS Phase II final evaluation and extensive consultations with stakeholders, including provinces and territories, CSHA was developed to address this rapidly changing and complex national public health issue.

3.2 CSHA evaluates programs and activities in the areas of: education and prevention; care, treatment and support; community development; support to national NGOs; research; surveillance; legal, ethical and human rights issues; aboriginal communities; interdepartmental, intergovernmental and intersectorial coordination and collaboration; and international activities.

3.3 CSHA is a major step in developing a truly Canadian approach to achieve an integrated, coordinated and sustainable response to HIV/AIDS and to address the complex and unstable nature of the epidemics which now exist in Canada. It is a Strategy with three levels of activity:

- a Canadian level, multisectoral in nature, including provinces/territories, community-based organizations, national non-governmental organizations, professional associations and the private sector and influenced by the global pandemic;
- a federal component involving numerous departments and agencies such as Correctional Service of Canada (CSC), the Canadian International Development Agency (CIDA) and the Medical Research Council (MRC); and
- the Health Canada component funded under the *Canadian Strategy on HIV/AIDS* for which the department is accountable.

Shifting from a federal to a truly pan-Canadian approach to HIV/AIDS takes time and involves redefining appropriate roles and responsibilities of all partners, including provinces/territories and non-governmental organizations, in the context of the health system and fiscal realities.

3.4 CSHA includes new approaches and mechanisms to sustain and enhance national capacity in the long-term. This requires improving collaborative advisory mechanisms, and enhancing collaboration/coalition-building across disciplines and various sectors, including the private sector, the voluntary sector and provinces/territories.

3.5 CSHA includes inter-departmental, intergovernmental and intersectoral mechanisms to promote collaboration, harmonization and enhance responsiveness with other federal departments/agencies having HIV/AIDS related responsibilities.

3.6 CSHA includes innovative strategies, which target high-risk behaviours in hard-to-reach populations that are often socially and economically marginalized. A new mix of strategies and tools, incorporating a multidisciplinary, multisectoral approach, is developed to more effectively reach these populations.

3.7 Evidence-based decision-making will be used, where possible, to ensure the long-term success and sustainability of the Strategy. As part of the process of developing CSHA, a conceptual framework for HIV/AIDS, based on current epidemiological data, describes the activities within the following typology:

	Men who have sex with men	**Injection drug users**	**Hetero-sexuals**	**Other (e.g., public)**
Prevent the spread of HIV in Canada	young MSM older MSM Aboriginal peoples MSM in rural communities sex trade workers	Aboriginal peoples inmates women sex trade workers youth street involved youth IDUs in major centres	young marginalized women sex trade workers partners of IDUs partners of MSM women from HIV endemic country	people living in poverty children youth
Ensure the care, treatment and support for persons living with HIV/AIDS, their families, friends and caregivers.	older MSM young MSM Aboriginal peoples	Aboriginal peoples homeless peoples offenders women	young women sex trade worker women from HIV endemic countries	children people infected through blood

3.8 CSHA will use resources effectively and efficiently in coordinating and integrating the response

to HIV/AIDS in Canada. This will be done in particular by coordinating activities within Health Canada, by establishing on-going performance monitoring and review process to re-allocate funds between activities, if necessary, by promoting collaboration with other federal departments, provinces/territories, the non-governmental sector and the private sector and by preventing duplication of activities.

3.9 CSHA acknowledges Canada's role in the global context and strengthens Canada's involvement in international activities. The Strategy will ensure the provision of expertise and support to enhance international cooperation and collaboration.

3.10 CSHA includes "participating departments" which carry out activities related to HIV/AIDS. Correctional Service of Canada (CSC) is the only other department receiving funding from the allocation under CSHA. The following CSC's activities will be carried out with both the allocation under CSHA and existing departmental resources:

3.10.1 **Correctional Service of Canada**, through its National HIV/AIDS Program, has adopted an integrated and comprehensive approach to prevent the transmission of HIV and other infectious diseases and treat, care and support offenders living with HIV/AIDS. CSC's program includes a range of co-ordinated elements, including: prevention and education; care, treatment and support; research and surveillance; legal, ethical and human rights issues; and coordination and collaboration.

3.11 The following participating departments use their own departmental resources to carry out activities related to HIV/AIDS:

3.11.1 **Medical Research Council** (MRC) entered into a joint arrangement for HIV/AIDS research funding with the National Health Research Development Program (NHRDP) of Health Canada. MRC funds investigator-initiated health sciences research which covers a spectrum of HIV/AIDS research.

3.11.2 The **Canadian International Development Agency** (CIDA) funds its national and international partners in the developing world to undertake HIV/AIDS prevention, education and care programs, including funding UNAIDS.

4.0 KEY RESULTS/GOALS

4.1 These broad national key results/goals are sought from the *Canadian Strategy on HIV/AIDS*:

- To prevent the spread of HIV;
- To find and provide effective vaccines, drugs and therapies;
- To find a cure;
- To ensure the care, treatment and support for persons living with HIV/AIDS, their families, friends and caregivers;
- To minimize the adverse impact of HIV/AIDS on individuals and communities; and
- To minimize the impact of social and economic factors that increase individual and collective risk for HIV.

4.2 It must be recognized at the onset that:

- Health Canada is one of many players whose activities and policies influence the health of Canadians, including persons living with HIV/AIDS;
- Health Canada has a limited mandate and resources to act on a wide spectrum of activities related to HIV/AIDS; and
- Reaching the above key results/goals, implies long-term efforts from all players, across all jurisdictions, both nationally and internationally.

The following table identifies the key results and performance indicators that will be used to assess the CSHA.

KEY RESULTS PERFORMANCE INDICATOR CHART

Who?	Key results	Indicators
Canadian Population	**Prevented the spread of HIV by:** **- focussing on those most at risk** **- reducing incidence of HIV in affected populations** **- preventing the spread of HIV to new populations** **- fostering public aware-ness of risk factors and social environment associated with HIV transmission** **- fostering public awareness of need for involvement of all sectors in responding to HIV/AIDS**	**Knowledge of Canadians with respect to HIV transmission** **Public support for efforts to prevent and respond to HIV/ AIDS** **Adoption of proven HIV/AIDS intervention models at the community level** **Incidence and prevalence of HIV disease and AIDS**
Provinces, territories, local governments, First Nations, national NGOs, community-based organizations, private sector, researchers, professional associations **Federal government (Health Canada and other**	**Progress towards finding and providing effective vaccines, drugs and therapies** **Progress towards finding a cure** **Increased and ensured quality of and access to treatment, care and support for PLW HIV/AIDS, their families, friends and caregivers** **Minimized adverse impact of HIV/AIDS on individuals and communities** **Minimized impact of social, economic and environmental factors that increase individual risk for HIV**	**Adoption of proven vaccines, drugs and therapies** **To be determined** **Population access to HIV/AIDS prevention and treatment services** **Improved services to individuals and communities** **Improved services to populations at risk**

KEY RESULTS PERFORMANCE INDICATOR CHART

	Ensured a broad public response to HIV/AIDS in Canada by: **- coordinating a sustainable response to HIV/AIDS in Canada** **- forging collaborative, strategic alliances** **- ensuring transparency and enhanced accountability** **Ensured availability of reliable information for decision making**	**Relevant policy development of other levels of government, First Nations, NGOs, professional associations and the private sector** **Increase in resources dedicated by other levels of government, private sector and NGOs to addressing HIV/ AIDS** **Data collection, information, research and evaluation in support of effective decision making** **Information base that assists federal government in addressing HIV/AIDS issues** **Federal government use of information in development of policies and programs** **Efficient and effective dissemination of information including research known to federal government**

5.0 PERFORMANCE MEASUREMENT STRATEGY

5.1 The performance measurement strategy has eight components:

5.1.1 articulating key results/goals for the *Canadian Strategy on HIV/AIDS* and identifying an illustrative example (s) of performance indicators associated with the goals this *Accountability Framework*;

5.1.2 developing a *Reporting Framework* detailing the performance measurement approach for all activities under the *Canadian Strategy on HIV/AIDS*;

5.1.3 developing a Strategy-wide *Performance Indicator Table*, its component performance indicator tables, and information collections systems;

5.1.4 on an ongoing basis, collecting information against the performance indicators identified in the *Accountability Framework* and the *Reporting Framework;*

5.1.5 compiling an annual *Canadian Strategy on HIV/AIDS Report* based on information provided by all Health Canada program managers and participating departments/agencies and reporting its results directly to Treasury Board Secretariat;

5.1.6 reporting results in the *Departmental Performance Report* as part of the government wide-planning and budget cycle. Adjustments to program priorities and objectives, as required on the basis of evidence of progress and emergence of new epidemics, will be reported annually through the *Report on Plans and Priorities (RPP).*

5.1.7 submitting a *Three-Year Report* to Cabinet about the achievements resulting from or assisted by the resources allocated to the *Canadian Strategy on HIV/AIDS* and recommending a reconfiguration of the *Canadian Strategy on HIV/AIDS* activities if required to address priorities or gaps.

5.1.8 submitting a *Five -Year Report* to Cabinet about the achievements resulting from or assisted by the resources allocated to the *Canadian Strategy on HIV/AIDS* and recommending a reconfiguration of the *Canadian Strategy on HIV/AIDS* activities if required to address priorities or gaps.

5.2 The *Canadian Strategy on HIV/AIDS* will be assessed at two levels:

5.2.1 first, Health Canada will monitor Canadian developments related to HIV/AIDS activities;

5.2.2 second, participating departments/agencies will monitor their HIV/AIDS related activities funded wholly or partly through CSHA, using distinct performance indicators established for those activities, but identifying links to CSHA key results/goals and performance indicators;

5.3 Departments/agencies that choose to join the *Canadian Strategy on HIV/AIDS* because they fund HIV/AIDS activities from own departmental resources, although they have not been a signatory of the *Treasury Board Submission* or the *Memorandum to Cabinet*, will be encouraged to participate fully in the performance reporting process.

6.0 RESPONSIBILITY FOR PERFORMANCE REPORTING

6.1 The HIV/AIDS Policy and Coordination Unit (HPPB) within Health Canada, or its replacement,

coordinates the implementation of the *Canadian Strategy on HIV/AIDS*.

6.2 The lead ADM, responsible for the CSHA chairs the Interbranch Strategy Team, which oversees the activities of the *Canadian Strategy on HIV/AIDS*. This Team, which is represented by all branches, will meet regularly to review the implementation of the *Canadian Strategy on HIV/AIDS* and will make recommendations with respect to re-allocation of resources within activities and within Branches to address the changing face of HIV/AIDS.

6.3 The HIV/AIDS Policy and Coordination Unit (HPPB) within Health Canada, or its replacement, on behalf of all participating Health Canada division and units as well as participating departments/agencies, compiles the annual *Canadian Strategy on HIV/AIDS Report*, a narrative report on the performance of participating departments' interventions on HIV/AIDS based on narrative reports prepared by each participating department/ division/unit. The Unit will also compile information for the *Report* from other major players such as other federal departments/agencies and provinces/territories. The report will make use of available evaluative information. The Director, responsible for coordinating HIV/AIDS activities will submit the *Report* to Treasury Board Secretariat before June 30, 1999, then annually thereafter.

6.4 The Director responsible for Strategic Planning and Evaluation or his/her delegate chairs the "Evaluation Working Group on HIV/AIDS" which will:

6.4.1 develop a *Reporting Framework* for the *Canadian Strategy on HIV/AIDS* identifying detailed measures for performance indicators in the *Key Results Performance Indicator Chart* and identifying an appropriate approach to collect performance information for activities under the *Canadian Strategy on HIV/AIDS*. The *Reporting Framework* will be submitted to Treasury Board Secretariat by July 31, 1998;

6.4.2 coordinate the identification and collection of specific information and data needed to report on key results and performance indicators;

6.4.3 meet at least twice a year to monitor progress in collecting and reporting data on the *Canadian Strategy on HIV/AIDS* key results and performance indicators, review the appropriateness of performance information;

6.4.4 no later than September 30, 1999, recommend to the Interbranch Strategy Team whether one or more evaluations, reviews, or other data collection will be needed, beyond the information being collected pursuant to this *Accountability Framework*, to ensure that adequate information will be available for the *Three-*

Year Report; and

6.4.5 in consultation with the HIV/AIDS Policy and Coordination Unit, or its replacement, produce a cumulative *Three-Year Report*. This report will cover achievements of allocated resources under CSHA. It will also recommend/address any reconfiguration of activities that may be required. Health Canada will ensure that *Three-Year Report* for the *Canadian Strategy on HIV/AIDS* will be submitted to Cabinet no later than July 2001.

6.4.6 no later than September 30, 2001, recommend to the Working Group whether one or more evaluations, reviews, or other data collection will be needed, beyond the information being collected pursuant to this *Accountability Framework*, to ensure that adequate information will be available for the *Five-Year Report*; and

6.4.7 in consultation with the HIV/AIDS Policy and Coordination Unit, or its replacement, produce a cumulative *Five-Year Report*. This report will cover achievements of allocated resources. It will also recommend/address any reconfiguration of activities that may be required. Health Canada will ensure that *Five-Year Report* for the *Canadian Strategy on HIV/AIDS* will be submitted to Cabinet no later than July 31,2003.

6.5 Participating departments/agencies, including those noted in 3.10 and 3.11 will provide annual summary information on achievements related to activities, projects or programs, and summary performance reporting for an annual the *Canadian Strategy on HIV/AIDS Report*. It will highlight achievements and include information about activities and initiatives begun in the year under review.

7.0 RESOURCES

The Government of Canada has permanently allocated $ 42.2 million per year over the next five years for HIV/AIDS activities, commencing with FY 1998-99. For the first five years, two federal departments, share the resources as shown in the following table. A review of the average annual allocation will be done after the first year.

Components	AVERAGE ANNUAL ALLOCATION ($M)
Health Canada	
Prevention	4.500
Community Development	11.800
Support to National NGOs	2.600
Care, Treatment and Support	5.350
Research	13.150
Surveillance	4.300
International	0.300
Coordination, Policy Development and Integration	2.300
Correctional Service of Canada	0.600
Total	$42.200

In addition, other federal departments/agencies carry out activities related to HIV/AIDS from their own departmental resources (e.g..MRC, CIDA spent $17 million in 1996/97).

8.0 Approvals of this Accountability Framework

The Interbranch Strategy Team representative from each participating Branch within Health Canada will ensure that the appropriate level of approval for this Framework is obtained within his/her own Branch. Once the *Accountability Framework* has been approved by all participating Branches, the lead ADM responsible for the CSHA, through the Deputy Minister will submit it to the Treasury Board Secretariat. The *Reporting Framework* is subject to this same approval process.